Candidate Intention Statement			Date S City of Brer	•	CALIFORNIA 501
Check One: 🛛 Initial	Amendment (Explain)		JUN 2 4	_	For Official Use Only
			City Cl	erk	
1. Candidate Information:					<u></u>
NAME OF CANDIDATE (Last, First, Middle In	ritial)	DAVTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Rarey, Karen M.			() N/A	karen(@rarey.us
STREET ADDRESS		CITY			E
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	Brentwood	CA DISTRICT NUMBER	94513	■ NON-PARTISAN
City Council	City of Bren	twood	N/A	İ	PARTY:
OFFICE JURISDICTION ☐ State (Complete Part 2.) ☑ City ☐ County ☐ M	ulti-County: N/A	(Name of Multi-County Jurisdiction))16 f Election)	
(Check one box) I accept the voluntary expenses		Special/runoff election n stated above.			
I do not accept the volunt Amendment:			(
the general or specia		ary or special election held on:	and I accep	ot the volum	ary expenditure centing for
(Mark if applicable)	·				
☐ On/, I cc	intributed personal funds in ex	cess of the expenditure ceiling for	the election stated above.		
3. Verification:		-			
I certify under penalty of pe	erjury under the laws of the	State of California that the foreg	oing is true and correct.		
Executed on June 24 (month, da	4, 2016 , Signatu y, <i>year</i>)	ire _			FPPC Form 501 (J